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OCT 26 2004

**VIA FACSIMILE**

ATTENTION: Examiner Mercado  
FIRM/CO. NAME: U.S. Patent and Trademark Office  
FAX NO: (703) 872-9306  
FROM: Ashok K. Janah  
DATE: October 26, 2004  
APPLICATION NO.: 09/815,886  
OUR REFERENCE NO: FRNT.4.US

TOTAL NUMBER OF PAGES 13 (INCLUDING COVER PAGE)

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BUSINESS PHONE: (415) 538-1555 FACSIMILE NO.: (415) 538-8380

**MESSAGE:**

Examiner Mercado,

Attached please find an Amendment under 37 CFR 1.312 in response to the Notice of Allowance dated September 22, 2004. This amendment is being filed prior to the prior to the payment of the Issue Fee.

Kind regards,

Christy Hennigan

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re application of: Krasnov et al.<br>Application Serial No: 09/815,886<br>Confirmation No: 7371<br>Filed: March 22, 2001<br>For: THIN FILM BATTERY AND METHOD OF MANUFACTURE   |                                  | Group No: 1745<br>Examiner: Julian A. Mercado<br>Attorney Docket No: FRNT.4.US<br>October 26, 2004<br>San Francisco, CA 94107  |              | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><br><b>OCT 26 2004</b> |                |                                    |               |  |       |                                       |       |                      |  |  |  |
|---|----------------------------------|--|--------------|--|----------------|------------------------------------|---------------|--|-------|---------------------------------------|-------|----------------------|--|--|--|
| VIA FACSIMILE / 703-872-9306<br>Assistant Commissioner for Patents<br>Washington, D.C. 20231  |                                  | <b>Extension of Term</b><br>Applicant petitions for an extension of time under 37 C.F.R. 1.136   |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <b>Papers Enclosed</b><br><input checked="" type="checkbox"/> Amendment under 37 C.F.R. 1.312<br><input type="checkbox"/> Drawings<br><input type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> PTO-1449 Form<br><input type="checkbox"/> Citations<br><input type="checkbox"/> Declaration/Attestavit<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Postcard for Return<br><input type="checkbox"/> |                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th style="text-align: left;">Extension Fee</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td>\$110</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$430</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$980</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Total \$ 0.00</b></td> </tr> </table> |              | Extension (Months)   | Extension Fee  | <input type="checkbox"/> One Month | \$110         | <input type="checkbox"/> Two Months  | \$430 | <input type="checkbox"/> Three Months | \$980 | <b>Total \$ 0.00</b> |  | <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. |  |
| Extension (Months)  | Extension Fee                    |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <input type="checkbox"/> One Month  | \$110                            |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <input type="checkbox"/> Two Months   | \$430                            |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <input type="checkbox"/> Three Months   | \$980                            |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <b>Total \$ 0.00</b>  |                                  |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <b>Fees for Extra Claims</b>  |                                  |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <b>Amendment Fee Calculation</b>  |                                  |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
|   | Claims remaining after amendment | Highest Number Previously Paid for   | Number Extra | Rate<br>Large Entity   | Additional Fee |                                    |               |  |       |                                       |       |                      |  |  |  |
| Total Claims  | 45                               | 43   | 2            | \$18   | 36             |                                    |               |  |       |                                       |       |                      |  |  |  |
| Independent Claims  | 8                                | 8  |              | \$88   | 0              |                                    |               |  |       |                                       |       |                      |  |  |  |
| Multiple Dependent Claims   |                                  |  |              | \$300  | 0              |                                    |               |  |       |                                       |       |                      |  |  |  |
| Supplemental Information Disclosure Statement   |                                  |  |              | \$180  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <b>Total</b>  |                                  |  |              |  | <b>\$36.00</b> |                                    |               |  |       |                                       |       |                      |  |  |  |
| <b>Fee Payment</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%;">\$0.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td>\$36.00</td> </tr> <tr> <td><b>Total</b></td> <td><b>\$0.00</b></td> </tr> </table>   |                                  | Extension Fees   | \$0.00       | Fees for Extra Claims  | \$36.00        | <b>Total</b>                       | <b>\$0.00</b> | <b>Fee Deficiency</b><br><input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or<br><input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> |       |                                       |       |                      |  |  |  |
| Extension Fees  | \$0.00                           |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| Fees for Extra Claims   | \$36.00                          |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <b>Total</b>  | <b>\$0.00</b>                    |  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00.<br><input checked="" type="checkbox"/> Please charge deposit account no. <u>10-0258</u> in the sum of \$ <u>36.00</u> .  |                                  | Please direct all telephone calls to:<br>Ashok K. Janah at (415)538-1555<br><br>Please continue to send correspondence to:<br>Janah & Associates<br>660 Delancey Street, Suite 108<br>San Francisco, CA 94107  |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |
| I hereby certify that this correspondence is facsimile transmitted to the U.S. Patent and Trademark Office via Fax No. (703) 872-9306.<br>By <u>Christy Hennigan</u> Date <u>10-26-04</u>   |                                  | Respectfully Submitted,<br><u>Ashok K. Janah</u> Date <u>10/26/2004</u><br>Ashok K. Janah<br>Registration No. 37,187   |              |  |                |                                    |               |  |       |                                       |       |                      |  |  |  |

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OCT 26 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|   |   |
|---|---|
| In re Application of: Krasnov et al.                  | Group Art Unit: 1745                          |
| Application No: 09/815,886<br>Confirmation No: 7371   | Examiner: Julian A. Mercado                   |
| Filed: March 22, 2001                                 | Attorney Docket No: FRNT.4.US                 |
| Title: THIN FILM BATTERY AND<br>METHOD OF MANUFACTURE | October 26, 2004<br>San Francisco, California |

AMENDMENT UNDER 37 C.F.R. § 1.312

Commissioner for Patents

VIA FACSIMILE  
(703) 872-9306

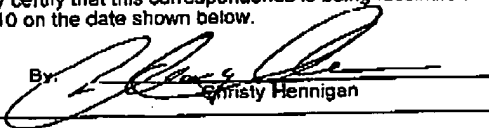
Examiner Mercado:

This Amendment is filed under 37 CFR 1.312 in response to the Notice of Allowance and Fee(s) Due mailed on December 12, 2004. This Amendment is being filed prior to the payment of the issue fee.

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office via Fax No. (703) 872-9310 on the date shown below.

By:

  
Christy Hennigan

Date:

10-26-04

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